

United States Bankruptcy Court
Middle District of Florida

In re Philip William Decker

Debtor

Case No. 8:15-bk-06322Chapter 7

Amended
SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	438,894.00		
B - Personal Property	Yes	4	7,433.00		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	2		792,000.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	1		0.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	6		534,984.82	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	2			3,131.61
J - Current Expenditures of Individual Debtor(s)	Yes	2			3,544.26
Total Number of Sheets of ALL Schedules		21			
Total Assets			446,327.00		
Total Liabilities				1,326,984.82	

United States Bankruptcy Court
Middle District of Florida

In re Philip William Decker

Debtor

Case No. 8:15-bk-06322Chapter 7**STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)**

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

- ☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	0.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	0.00
Student Loan Obligations (from Schedule F)	0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	0.00
TOTAL	0.00

State the following:

Average Income (from Schedule I, Line 12)	3,131.61
Average Expenses (from Schedule J, Line 22)	3,544.26
Current Monthly Income (from Form 22A-1 Line 11; OR, Form 22B Line 14; OR, Form 22C-1 Line 14)	1,573.00

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		342,835.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column	0.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		0.00
4. Total from Schedule F		534,984.82
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		877,819.82

In re **Philip William Decker**Case No. **8:15-bk-06322**

Debtor

*Amended***SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D W I F E J O I N T C O M M U N I T Y	D A T E C L A I M W A S I N C U R R E D, N A T U R E O F L I E N, A N D D E S C R I P T I O N A N D V A L U E O F P R O P E R T Y S U B J E C T T O L I E N	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M W I T H O U T D E D U C T I N G V A L U E O F C O L L A T E R A L	U N S E C U R E D P O R T I O N, I F A N Y
Account No.			Homestead at 7016 40th Court East, Ellenton, Florida					
Oakleaf Hammock HOA c/o Leonard Mankin, Esq. 2535 Landmark Drive Suite 212 Clearwater, FL 33761			Value \$ 262,767.00				Unknown	Unknown
Account No. 6115			Auto Loan					
Suntrust Bank Attn. Support Services P.O. Box 85092 Richmond, VA 23286			2008 Acura TL (Fair Condition / 102,000 Miles / This vehicle is owned jointly with the Debtor's non-filing spouse. Total value = \$10,271.00)				30,000.00	19,729.00
Value \$ 10,271.00								
Account No.			First Mortgage					
U.S. Bank, NA, As Trustee for The LXS 2005-5N 888 East Walnut Street Pasadena, CA 91101			Real Property at 3316 61st Terrace East, Ellenton, Florida				302,000.00	125,873.00
Value \$ 176,127.00								
Account No.			Representing: U.S. Bank, NA, As Trustee				Notice Only	
Clarfield, Okon, Salomone and Pincus, PL 500 S. Australian Avenue Suite 825 West Palm Beach, FL 33401			Value \$					
Subtotal (Total of this page)							332,000.00	145,602.00

1 continuation sheets attached

B6D (Official Form 6D) (12/07) - Cont.

In re **Philip William Decker**Case No. **8:15-bk-06322**

Debtor

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS (Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	H U S B A N D , W I F E , J O I N T , O R C O M M U N I T Y	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No.								
Onewest Bank 6900 Beatrice Drive Kalamazoo, MI 49009			Representing: U.S. Bank, NA, As Trustee				Notice Only	
			Value \$					
Account No.			First Mortgage					
Wells Fargo Bank, NA P.O. Box 650725 Dallas, TX 75265			Homestead at 7016 40th Court East, Ellenton, Florida					
			Value \$ 262,767.00				460,000.00	197,233.00
Account No.								
Greenspoon Marder, PA Trade Centre Couth, Ste 700 100 West Cypress Creek Rd Fort Lauderdale, FL 33309			Representing: Wells Fargo Bank, NA				Notice Only	
			Value \$					
Account No.								
			Value \$					
Account No.								
			Value \$					
Subtotal (Total of this page)							460,000.00	197,233.00
Total (Report on Summary of Schedules)							792,000.00	342,835.00

Sheet 1 of 1 continuation sheets attached to
Schedule of Creditors Holding Secured Claims

B6F (Official Form 6F) (12/07)

In re **Philip William Decker**Case No. **8:15-bk-06322**

Debtor

*Amended***SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. 1006 American Express P.O. Box 360001 Fort Lauderdale, FL 33336		Credit Card				4,312.25
Account No. Becket and Lee, LLP P.O. Box 3001 Malvern, PA 19355		Representing: American Express				Notice Only
Account No. 1000 American Express P.O. Box 360001 Fort Lauderdale, FL 33336		Credit Card				2,822.20
Account No. Becket and Lee, LLP P.O. Box 3001 Malvern, PA 19355		Representing: American Express				Notice Only
Subtotal (Total of this page)						7,134.45

5 continuation sheets attached

B6F (Official Form 6F) (12/07) - Cont.

In re **Philip William Decker**Case No. **8:15-bk-06322**

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E R	H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. 30377 Citibank / Citgo P.O. Box 6497 Sioux Falls, SD 57117		-	Credit Card				402.00
Account No. Jefferson Capital Systems P.O. Box 7999 Saint Cloud, MN 56302			Representing: Citibank / Citgo				Notice Only
Account No. 2027 Citibank SD / Shell P.O. Box 6497 Sioux Falls, SD 57117		-	Credit Card				734.00
Account No. Jefferson Capital Systems P.O. Box 7999 Saint Cloud, MN 56302			Representing: Citibank SD / Shell				Notice Only
Account No. Deutsche Bank National Trust 1761 E. Street Andrew Place Santa Ana, CA 92705		-	Loan				14,547.69
Sheet no. 1 of 5 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims <div style="text-align: right;">Subtotal (Total of this page)</div>							15,683.69

B6F (Official Form 6F) (12/07) - Cont.

In re **Philip William Decker**Case No. **8:15-bk-06322**

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	H W J C	Husband, Wife, Joint, or Community	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.								
GreenTree Servicing, LLC 7340 S. Kyrene Road T-120 Tempe, AZ 85283				Representing: Deutsche Bank National Trust				Notice Only
Account No. 1060				Deficiency balance on auto loan 2004 Ford Mustang				10,416.39
Drivetime Credit Company P.O. Box 29018 Phoenix, AZ 85038		-						
Account No. 0034				Credit Card				877.00
Exxon Mobil P.O. Box 6497 Sioux Falls, SD 57117		-						
Account No.				Representing: Exxon Mobil				Notice Only
Jefferson Capital Systems P.O. Box 7999 Saint Cloud, MN 56302								
Account No. 6716				Credit Card				Unknown
Fifth Third Bank 5050 Kingsley Drive Cincinnati, OH 45227		-						
Sheet no. <u>2</u> of <u>5</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims								Subtotal (Total of this page)
								11,293.39

B6F (Official Form 6F) (12/07) - Cont.

In re **Philip William Decker**Case No. **8:15-bk-06322**

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 0486		-	Credit Card				12,230.73
Fifth Third Bank P.O. Box 9013 Addison, TX 75001							
Account No. 3567		-	Business Debt				12,111.00
John Deere Landscapes 5610 Mc Gunnis Ferry Road Alpharetta, GA 30005							
Account No. 2021		-	Credit Card				12,125.00
Jomax Recovery Services North 83rd Avenue Suite 235 Peoria, AZ 85381							
Account No.		-	Second mortgage on homestead at 7016 40th Court East, Ellenton, Florida. Lien released on 11/12/2014.				91,255.28
JP Morgan Chase Bank 1111 Polaris Parkway Columbus, OH 43240							
Account No.			Representing: JP Morgan Chase Bank				Notice Only
Bear Stearns Residential Mortgage Corproation 9201 E. Mountain View Road Suite 210 Scottsdale, AZ 85258							

Sheet no. 3 of 5 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page)

127,722.01

B6F (Official Form 6F) (12/07) - Cont.

In re **Philip William Decker**Case No. **8:15-bk-06322**

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E	H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. CT Corporation Systems 1200 S. Pine Island Road #250 Fort Lauderdale, FL 33324			Representing: JP Morgan Chase Bank				Notice Only
Account No. Real Time Resolutions, Inc. Agent for JPMorgan Chase 1349 Empire Central Drive Suite 150 TX 75274			Representing: JP Morgan Chase Bank				Notice Only
Account No. 3330 Midland Credit Management 8875 Aero Drive San Diego, CA 92123			Credit Card				11,773.00
Account No. 9144 Nova Casualty Company c/o Jomax Recovery Services 14100 North 83rd Avenue Suite 235 Peoria, AZ 85381			Bond Payment				12,125.25
Account No. 0620 Onewest Bank 6900 Beatrice Drive Kalamazoo, MI 49009			Deficiency balance on auto loan				6,075.00
Sheet no. 4 of 5 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page) 29,973.25

B6F (Official Form 6F) (12/07) - Cont.

In re **Philip William Decker**Case No. **8:15-bk-06322**

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 3357			SBA Loan				330,000.00
PNC Bank P.O. Box 340777 Pittsburgh, PA 15230-7777		-					
Account No. 9185			Credit Card				13,178.03
US Airways c/o Jefferson Capital System P.O. Box 7999 Saint Cloud, MN 56302		-					
Account No.							
Account No.							
Account No.							

 Sheet no. 5 of 5 sheets attached to Schedule of
 Creditors Holding Unsecured Nonpriority Claims

 Subtotal
 (Total of this page)
343,178.03
 Total
 (Report on Summary of Schedules)
534,984.82

Fill in this information to identify your case:Debtor 1 Philip William DeckerDebtor 2
(Spouse, if filing)United States Bankruptcy Court for the: MIDDLE DISTRICT OF FLORIDACase number 8:15-bk-06322
(If known)

Check if this is:

- ☒ An amended filing
☐ A supplement showing post-petition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form B 61**Schedule I: Your Income**

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment**1. Fill in your employment information.**

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Occupation

Employer's name

Employer's address

Debtor 1

- ☒ Employed
☐ Not employed

Limo DriverSkyway LimosineSarasota, FL

Debtor 2 or non-filing spouse

- ☐ Employed
☒ Not employed

How long employed there? 2.5 years**Part 2: Give Details About Monthly Income**

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	\$ <u>1,573.00</u>	\$ <u>0.00</u>
3. Estimate and list monthly overtime pay.	+\$ <u>0.00</u>	+\$ <u>0.00</u>
4. Calculate gross income. Add line 2 + line 3.	\$ <u>1,573.00</u>	\$ <u>0.00</u>

Debtor 1 **Philip William Decker**Case number (if known) **8:15-bk-06322**

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here	4. \$ 1,573.00	\$ 0.00
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$ 193.39	\$ 0.00
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$ 0.00
5c. Voluntary contributions for retirement plans	5c. \$ 0.00	\$ 0.00
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$ 0.00
5e. Insurance	5e. \$ 0.00	\$ 0.00
5f. Domestic support obligations	5f. \$ 0.00	\$ 0.00
5g. Union dues	5g. \$ 0.00	\$ 0.00
5h. Other deductions. Specify:	5h. + \$ 0.00	\$ 0.00
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ 193.39	\$ 0.00
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 1,379.61	\$ 0.00
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 0.00	\$ 0.00
8b. Interest and dividends	8b. \$ 0.00	\$ 0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ 0.00
8d. Unemployment compensation	8d. \$ 0.00	\$ 0.00
8e. Social Security	8e. \$ 895.00	\$ 857.00
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f. \$ 0.00	\$ 0.00
8g. Pension or retirement income	8g. \$ 0.00	\$ 0.00
8h. Other monthly income. Specify:	8h. + \$ 0.00	\$ 0.00
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ 895.00	\$ 857.00
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 2,274.61 + \$ 857.00 = \$ 3,131.61	
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:	11. +\$ 0.00	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data</i> , if it applies	12. \$ 3,131.61	Combined monthly income
13. Do you expect an increase or decrease within the year after you file this form?		
<input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Explain:		

Fill in this information to identify your case:

Debtor 1 Philip William Decker

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: MIDDLE DISTRICT OF FLORIDA

Case number 8:15-bk-06322
(If known)

Check if this is:

- ☒ An amended filing
- ☐ A supplement showing post-petition chapter 13 expenses as of the following date:

MM/DD/YYYY
- ☐ A separate filing for Debtor 2 because Debtor 2 maintains a separate household

Official Form B 6J**Schedule J: Your Expenses**

12/13

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

- ☒ No. Go to line 2.
- ☐ Yes. Does Debtor 2 live in a separate household?
- ☐ No
- ☐ Yes. Debtor 2 must file a separate Schedule J.

2. Do you have dependents? ☐ No

Do not list Debtor 1 and Debtor 2.

☒ Yes. Fill out this information for each dependent.....

Do not state the dependents' names.

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Deanna Decker23☐ No☒ YesJonathan Decker25☐ No☒ Yes☐ No☐ Yes☐ No☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents? ☒ No ☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 6L.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 1,330.69

If not included in line 4:

4a. Real estate taxes

4a. \$ 0.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 0.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 100.00

4d. Homeowner's association or condominium dues

4d. \$ 0.00

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 0.00

Debtor 1 Philip William DeckerCase number (if known) 8:15-bk-06322

6. Utilities:	
6a. Electricity, heat, natural gas	6a. \$ <u>245.00</u>
6b. Water, sewer, garbage collection	6b. \$ <u>55.00</u>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ <u>270.00</u>
6d. Other. Specify: _____	6d. \$ <u>0.00</u>
7. Food and housekeeping supplies	7. \$ <u>500.00</u>
8. Childcare and children's education costs	8. \$ <u>0.00</u>
9. Clothing, laundry, and dry cleaning	9. \$ <u>75.00</u>
10. Personal care products and services	10. \$ <u>150.00</u>
11. Medical and dental expenses	11. \$ <u>120.00</u>
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$ <u>400.00</u>
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$ <u>0.00</u>
14. Charitable contributions and religious donations	14. \$ <u>0.00</u>
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a. Life insurance	15a. \$ <u>0.00</u>
15b. Health insurance	15b. \$ <u>0.00</u>
15c. Vehicle insurance	15c. \$ <u>100.00</u>
15d. Other insurance. Specify: _____	15d. \$ <u>0.00</u>
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. \$ <u>0.00</u>
17. Installment or lease payments:	
17a. Car payments for Vehicle 1	17a. \$ <u>198.57</u>
17b. Car payments for Vehicle 2	17b. \$ <u>0.00</u>
17c. Other. Specify: _____	17c. \$ <u>0.00</u>
17d. Other. Specify: _____	17d. \$ <u>0.00</u>
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I).	18. \$ <u>0.00</u>
19. Other payments you make to support others who do not live with you. Specify: _____	19. \$ <u>0.00</u>
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.	
20a. Mortgages on other property	20a. \$ <u>0.00</u>
20b. Real estate taxes	20b. \$ <u>0.00</u>
20c. Property, homeowner's, or renter's insurance	20c. \$ <u>0.00</u>
20d. Maintenance, repair, and upkeep expenses	20d. \$ <u>0.00</u>
20e. Homeowner's association or condominium dues	20e. \$ <u>0.00</u>
21. Other: Specify: _____	21. +\$ <u>0.00</u>
22. Your monthly expenses. Add lines 4 through 21. The result is your monthly expenses.	22. \$ <u>3,544.26</u>
23. Calculate your monthly net income.	
23a. Copy line 12 (<i>your combined monthly income</i>) from Schedule I.	23a. \$ <u>3,131.61</u>
23b. Copy your monthly expenses from line 22 above.	23b. -\$ <u>3,544.26</u>
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c. \$ <u>-412.65</u>

24. **Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.☐ Yes.

Explain: _____

United States Bankruptcy Court
Middle District of Florida

In re Philip William Decker
Debtor(s)

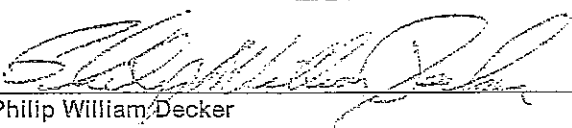
Case No. 8:15-bk-06322
Chapter 7

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of _____ sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date 12/6/16

Signature 
Philip William Decker
Debtor

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.